

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/31/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155491</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/28/2012</b>	
NAME OF PROVIDER OR SUPPLIER  <b>LINCOLN CENTERS FOR REHABILITATION AND HEALTHCARE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1029 E 5TH ST</b> <b>CONNERSVILLE, IN 47331</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00110028 completed on June 26, 2012.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00112873 and IN00112953 completed on August 2, 2012.</p> <p>Complaint IN00110028- corrected</p> <p>Survey date: August 28, 2012</p> <p>Facility number: 000316 Provider number: 155491 AIM number: 100286370</p> <p>Survey team: Sharon Lasher, RN, TC Angel Tomlinson, RN</p> <p>Census bed type: SNF/NF: 117 Total: 117</p> <p>Census payor type: Medicare: 17 Medicaid: 82 Other: 18 Total: 117</p> <p>Sample: 3</p> <p>Lincoln Centers for Rehabilitation and Healthcare, Connersville was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1 IN00110028.  Quality review completed on August 30, 2012, by Bev Faulkner, RN	{F 000}			